

DEPARTMENT: _____ FROM: _____

DATE OF EXAM: _____ TIME: _____

MEDICAL QUESTIONNAIRE AUTHORIZATION

To Be Completed By Employee's Supervisor

PLEASE REVIEW THE RESPIRATOR MEDICAL QUESTIONNAIRE FOR THE EMPLOYEE LISTED BELOW.

☐ Initial Exam ☐ Annual

EMPLOYEE NAME (PRINT)			EMPLOYEE NUMBER	
DEPARTMENT/FACILITY			JOB TITLE	
SUPERVISOR	INITIALS	DATE	BIRTH DATE	AGE
THIS EMPLOYEE USES THE FOLLOWING TYPES OF RESPIRATORY PROTECTIVE EQUIPMENT: ✓				
	DURATION	FREQUENCY	TEMPERATURE EXTREMES	HUMIDITY
<input type="checkbox"/> HALF FACEPIECE AIR PURIFYING RESPIRATOR				
<input type="checkbox"/> FULL FACEPIECE AIR PURIFYING RESPIRATOR				
<input type="checkbox"/> POWERED AIR PURIFYING RESPIRATOR				
<input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS				
<input type="checkbox"/> AIR LINE RESPIRATOR				
POTENTIAL CHEMICAL EXPOSURES: _____				
OTHER PERSONAL PROTECTIVE EQUIPMENT USED BY THE EMPLOYEE WHILE WEARING RESPIRATORY PROTECTIVE EQUIPMENT INCLUDES:				
<input type="checkbox"/> Hardhat	<input type="checkbox"/> Fire Helmet & Turnout	<input type="checkbox"/> Safety Glasses/Faceshield	<input type="checkbox"/> Riot Control Helmet	<input type="checkbox"/> Bullet Proof Vest
<input type="checkbox"/> Tyvek Suit	<input type="checkbox"/> Level A/Level B Suit	<input type="checkbox"/> Welding Helmet	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Safety Shoes
				<input type="checkbox"/> Gloves
				<input type="checkbox"/> Splash Apron

Please call Reshan Cooray, City Safety Officer, at (562) 570-6476, with any questions pertaining to the Respirator Medical Evaluation.

THIS BOOKLET AND ALL EXAM RESULTS MUST BE SENT TO OCCUPATIONAL HEALTH OR DELEGATE PHYSICIAN BEFORE AN EMPLOYEE CAN BE FIT-TESTED.

_____ SUPERVISOR'S SIGNATURE	_____ TITLE	_____ DATE
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